

CIVIL RIGHTS COMPLIANCE LETTER OF ASSURANCE

Children and Families
DCF-F-154-E

Health Services
F-00165 (12/2021)

Civil Rights Compliance Period: January 1, 2022 to December 31, ~~2025~~
2026

_____ (hereinafter "Recipient") agrees that compliance with this assurance constitutes a condition of receiving Federal financial assistance through the Department of Health Services and the Department of Children and Families (the "State Agencies"). This assurance is binding upon Recipient, its successors, transferees, and assignees throughout the Compliance Period, or as long as Federal financial assistance is extended to Recipient, whichever is shorter. The State Agency from which the Federal funds will be paid may enforce this Assurance as a condition of receiving such funds.

Recipient agrees to comply with civil rights monitoring reviews, including providing access to records and requested files related to membership, enrollment and services in the program or activity maintained by the Recipient and, to the extent within its authority, arranging for interviews with staff, clients and applicants for services, subrecipients, and referral agencies. Recipient agrees to cooperate with the State Agency or State Agencies in developing, implementing, and monitoring corrective action plans that result from substantiated civil rights deficiencies.

By signing on behalf of Recipient, I state that I am authorized to bind Recipient to the terms of this Assurance and to commit the Recipient to the above provisions.

SIGNATURE – Authorized Representative

Date: _____

Printed name: _____

Title: _____

Instructions for completing Letter of Assurance

- Complete this signature page
- Include Appendices A-1, A-2 and A-3 with the signature page
- Updates to appendices should be submitted if there are staff or funding changes

RECIPIENT HEREBY AGREES THAT IT WILL COMPLY WITH ALL APPLICABLE FEDERAL CIVIL RIGHTS LAWS:

Federal civil rights laws prohibit discrimination of members, applicants, enrollees, and beneficiaries in any programs or activities that receive Federal financial assistance. Those laws include, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, Title IX of the Educational Amendments of 1972, the Age Discrimination Act of 1975, Section 1557 of the Patient Protection and Affordable Care Act of 2010, and their respective implementing regulations, and prohibit recipients and subrecipients of Federal financial assistance from discriminating on the basis of race, color, national origin, sex, age, disability, and, in some programs, religious creed or political affiliation or beliefs, in their programs or activities, and in retaliating or engaging in reprisals against individuals for opposing discrimination protected under these laws. In addition to those Federal civil rights laws, other laws may apply to recipients of specific Federal programs, and the Recipient must comply with all applicable Federal civil rights laws. Civil rights laws may be created or amended during the time of the Compliance Period. Recipient agrees to comply with the current laws throughout the Compliance Period.

In pursuit of compliance with those laws, the Recipient shall, but not exclusively, do the following:

1. Provide training to all staff on civil rights requirements and methods of providing meaningful access to individuals with limited English proficiency (LEP) and effective communication and equal access to individuals with disabilities.
2. Provide language assistance services, including translated documents and oral interpretation, free of charge and in a timely manner, when such services are necessary to provide meaningful access to LEP individuals.
3. Communicate effectively with people who have vision, hearing, or speech disabilities and provide auxiliary aids and services when needed to individuals with communications disabilities at no cost to the person with a disability.
4. Make all programs and activities provided through electronic and information technology accessible to individuals with disabilities and ensure nondiscrimination in providing services and benefits.
5. Ensure that any newly constructed and altered facilities are physically accessible to individuals with disabilities.
6. Have in place a discrimination complaint process and provide notices of its complaint process, translated into the major primary language groups of the LEP individuals in its service area.
7. Post required nondiscrimination statements and notices.
8. Provide accessible programs, facilities, and reasonable accommodations to service participants/customers with disabilities.
9. Provide translation of vital documents for each eligible LEP language group that constitutes at least 5 percent or 1,000 individuals, whichever is less, of the population eligible to be served or likely to be encountered in the recipient's service area.

APPENDIX A-1: RECIPIENT CONTACT INFORMATION

Name of Recipient

Date this form was completed

Street Address

City

State

Zip Code

Name and title of individual designated as Equal Opportunity Coordinator for Civil Rights Compliance questions:

Address

| | |
|-----------------------------|---------------|
| Telephone Number () - | Email Address |
|-----------------------------|---------------|

Name and title of individual designated as LEP Coordinator to assist LEP individuals and individuals with disabilities:

Address

| | |
|-----------------------------|---------------|
| Telephone Number () - | Email Address |
|-----------------------------|---------------|

Name and title of Recipient-Authorized Representative Making Assurances

Address

| | |
|-----------------------------|---------------|
| Telephone Number () - | Email Address |
|-----------------------------|---------------|

Instructions for completing Recipient Contact Information

- Fill in all the blanks on this form.
- Some smaller entities may not have dedicated LEP/ADA Coordinators or Civil Rights Compliance Officers. The individuals designated above can be (but don't have to be) same person (e.g., the Authorized Representative).

APPENDIX A-2: FUNDING RELATIONSHIP TO DHS / DCF

- Recipients may receive Federal funding through one or more State Agencies to administer one or more Federal programs or activities.
- Clarifying the multiple funding streams will help the State Agencies identify mutually funded recipients as well as to determine oversight and coordination between the State Agencies.

| | | | Contract or Program Name | Funding Amount (\$) |
|---|------------|----|--------------------------|---------------------|
| Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DHS to receive Federal funding. | DHS Yes | No | 1. | |
| | | | 2. | |
| | | | 3. | |
| Our agency/entity has a direct contract, direct grant, funding agreement or purchase order (PO) with DCF to receive Federal funding | DCF Yes | No | 1. | |
| | | | 2. | |
| | | | 3. | |
| Our agency/entity has a direct contract, grant, funding agreement, or purchase order (PO) with a County or Consortium that receives Federal funding from DCF/DHS. | Yes | No | 1. | |
| | | | 2. | |
| | | | 3. | |
| Name of County or Consortium: _____ | | | | |
| Our agency/entity has a subcontract with another entity that receives Federal funding from DHS/DCF. | Yes | No | 1. | |
| | | | 2. | |
| | | | 3. | |
| Name of the entity/entities: _____ | | | | |

Instructions for completing Funding Relationship to DHS or DCF

Fill in all the blanks on the above form. Your response should identify all Federal funding you receive from each of the State Agencies or recipients.

APPENDIX A-3: FUNDED PROGRAMS CHECKLIST

- Completing this Section will allow DHS or DCF to identify the Federally funded programs and activities that you administer.
- The checklist is not an exhaustive list that identifies every grant program, contract, or agreement. For programs or funding sources not identified in the checklist, enter the name of the Federal program, grant, or agreement in the section titled "Other: specify."

Check the type of program or funding applicable to your entity.

Use this checklist for Department of Health Services (DHS)

Please check all the funded programs/services/activities administered with grant/contract or other agreements received from Department of Health Services (DHS):

| | |
|--|---|
| <p>HHS (CMS, SAMHSA, CDC, CMHS, ACL, HRSA, OMH, etc.) programs:</p> <p><input type="checkbox"/> BadgerCare Plus <input type="checkbox"/> Birth to 3 <input type="checkbox"/> Children's Long Term Support Waiver <input type="checkbox"/> Children's Community Options Program <input type="checkbox"/> Family Care <input type="checkbox"/> Family Planning Only <input type="checkbox"/> IRIS <input type="checkbox"/> Katie Beckett <input type="checkbox"/> Medicaid for the Elderly, Blind, or Disabled <input type="checkbox"/> Medicaid Purchase Plan <input type="checkbox"/> PACE <input type="checkbox"/> SeniorCare <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Well Women Medicaid <input type="checkbox"/> Other: Specify</p> <p>Please list your specific Federal grant/funding source if not listed above.</p> | <p>USDA (FNS) programs:</p> <p><input type="checkbox"/> FoodShare/SNAP <input type="checkbox"/> Food Stamp Employment and Training (FSET) <input type="checkbox"/> Temporary Emergency Food Assistance Program (TEFAP) <input type="checkbox"/> Women Infants and Children (WIC) <input type="checkbox"/> Commodity Supplemental Food Program <input type="checkbox"/> WIC Farmer's Market Nutrition Program <input type="checkbox"/> Senior Farmer's Market Nutrition Program <input type="checkbox"/> Other: Specify</p> |
|--|---|

Use this checklist for Department of Children and Families (DCF)

Check all the funded programs/services/activities administered with grants/contracts or other agreements received from Department of Children and Families (DCF)

| | |
|--|--|
| <input type="checkbox"/> Adoption Assistance Program | <input type="checkbox"/> Milwaukee Child Welfare Program Service Provider |
| <input type="checkbox"/> Adoption Finalization and Post Adoption Services | <input type="checkbox"/> Promoting Safe and Stable Families |
| <input type="checkbox"/> Brighter Futures Initiative | <input type="checkbox"/> Refugee Assistance and Services |
| <input type="checkbox"/> Child Abuse and Neglect - Child Protective Services | <input type="checkbox"/> Runaway Youth Services |
| <input type="checkbox"/> Child Abuse and Neglect – Prevention Services | <input type="checkbox"/> TANF Funded Services - Including Transitional Jobs and Children First |
| <input type="checkbox"/> Child Care Certification or Licensing | <input type="checkbox"/> Wisconsin Shares - Child Care Subsidy Program |
| <input type="checkbox"/> Child Care Resource and Referral | <input type="checkbox"/> Wisconsin Works (W-2) Programs |
| <input type="checkbox"/> Child Care Quality Improvement | <input type="checkbox"/> Youth Aids and Youth Justice grants |
| <input type="checkbox"/> Child Placing Agencies - Foster Care | <input type="checkbox"/> Other Service: Specify |
| <input type="checkbox"/> Qualified Residential Treatment Providers, Child Residential Care Centers & Group Homes | |
| <input type="checkbox"/> Child Support | |
| <input type="checkbox"/> Child Welfare Case Management Services | |
| <input type="checkbox"/> Community Services Block Grant Services | |
| <input type="checkbox"/> Domestic Violence/Domestic Abuse | |
| <input type="checkbox"/> Foster Care Payments | |
| <input type="checkbox"/> Home Visiting Services | |
| <input type="checkbox"/> Independent Living Services | |
| <input type="checkbox"/> Indian Child Welfare | |
| <input type="checkbox"/> Kinship Care Payments | |

Note: The checklist is not an exhaustive list of programs funded through the DHS or DCF with HHS and USDA-FNS. If the Federally funded program, grant or service agreement is not listed, enter the name in the appropriate "Other: Specify" space to specify the program, grant or funding agreement administered by the agency/entity.